IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI

AN ORDINANCE transferring \$126,537.00 within the 2019 General Fund and \$240,803.00 within the 2019 Anti-Crime Sales Tax Fund, and appropriating \$951,640.00 from the undesignated fund balance of the 2019 Grant Fund, in acceptance of the Victims of Crime Act Grant for use by the Prosecuting Attorney's Office's Victim Services Program and authorizing the County Executive to execute a Program Agreement with the Missouri Department of Social Services.

ORDINANCE NO. 5299, December 2, 2019

INTRODUCED BY Crystal Williams, County Legislator

WHEREAS, the Prosecuting Attorney's Office has been awarded a grant in the amount of \$584,300.00 by the Missouri Department of Social Services for the Victims of Crime Act (VOCA) grant, for the period November 1, 2019, through September 30, 2021; and,

WHEREAS, the grant will cover funding for traveling and training costs for seven victim advocates; and,

WHEREAS, a local match of \$146,075.00 is required for this grant; and,

WHEREAS, a transfer and appropriation are necessary in order to place the grant and matching funds in the proper spending accounts; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the following transfer within the 2019 General and Anti-Crime Sales Tax Funds and appropriation from the undesignated fund balance of the 2019 Grant Fund be and hereby

are made:

DEPARTMENT/DIVISION	CHARACTER/DESCRIPTION	FROM	<u>TO</u>
General Fund Prosecuting Attorney 001-4101 001-4101 001-4101 001-4101	55010- Regular Salaries 55040- FICA Taxes 55050- Pension Contributions 55060- Insurance Benefits	\$81,731 \$ 6,252 \$11,409 \$27,145	
Operating Transfers 001-9100	56105- Operating Transfers Out		\$126,537
Anti-Crime Sales Tax Fund Pros. Att. Deferred Pros. 008-4154 008-4154	56080- Other Professional Svc. 56798-Grant Match	\$117,066 \$ 89,394	
Pros Comm. Crim/Drug Prev. 008-4156	56798-Grant Match	\$34,343	
Operating Transfers 008-9100	56105-Operating Transfers Out		\$240,803
Grant Fund VOCA 010-4127 010-4127	47070- Operating Transfers In 45941- Increase Revenue	\$367,340 \$584,300	
010-2810 010-2810	Undesignated Fund Balance Undesignated Fund Balance	\$951,640	\$951,640
VOCA 010-4127 010-4127 010-4127 010-4127 010-4127	55010 – Regular Salaries 55040 – FICA Taxes 55050 – Pension Contributions 55060 – Insurance Benefits 56140 – Travel Expense 56750 – Education Benefits		\$660,831 \$ 50,553 \$ 92,251 \$136,061 \$ 7,944 \$ 4,000
and,			

BE IT FURTHER ORDAINED by the County Legislature of Jackson County, Missouri, that the County Executive is hereby authorized to execute the attached Agreement with the Missouri Department of Social Services and any and all other documents necessary to give effect to this Ordinance.

Effective Date: This ordinance shall be effective immediately upon its signature by the County Executive.

APPROVED AS TO FORM:	
Hief Deputy County Counselor	County Counselor
I hereby certify that the attached ord December 2, 2019, was duly passed on County Legislature. The votes thereon were a	dinance, Ordinance No. 5299 introduced on cember 16 , 2019 by the Jackson as follows:
Yeas9	Nays
Abstaining	Absent
This Ordinance is hereby transmitted to the C	ounty Executive for his signature.
/2/16·19 Date	Mary Jo Spino, Clerk of Legislature
I hereby approve the attached Ordinance No.	5299.
12 18/2019 Date	Frank White, Jr., County Executive

Funds sufficient for this transfer are available from the sources indicated below.

ACCOUNT NUMBER:

001 4101 55010

ACCOUNT TITLE:

General Fund

Prosecuting Attorney

Regular Salaries

NOT TO EXCEED:

\$81,731.00

ACCOUNT NUMBER:

001 4101 55040

ACCOUNT TITLE:

General Fund

Prosecuting Attorney

FICA Taxes

NOT TO EXCEED:

\$6,252.00

ACCOUNT NUMBER:

001 4101 55050

ACCOUNT TITLE:

General Fund

Prosecuting Attorney Pension Contributions

NOT TO EXCEED:

\$11,409.00

ACCOUNT NUMBER:

001 4101 55060

ACCOUNT TITLE:

General Fund

Prosecuting Attorney Insurance Benefits

NOT TO EXCEED:

\$27,145.00

ACCOUNT NUMBER:

008 4154 56080

ACCOUNT TITLE:

Anti-Crime Sales Tax Fund

Pros Att. Deferred Pros Other Professional Services

Other Froicssion

NOT TO EXCEED:

\$117,066.00

ACCOUNT NUMBER:

008 4154 56798

ACCOUNT TITLE:

Anti-Crime Sales Tax Fund

Pros Att. Deferred Pros

Grant Match

NOT TO EXCEED:

\$89,394.00

ACCOUNT NUMBER:

008 4156 56798

ACCOUNT TITLE:

Anti-Crime Sales Tax Fund

Pros Comm Crim/Drug Preva

Grant Match

NOT TO EXCEED:

\$34,343.00

ACCOUNT NUMBER:

010 4127 47070

ACCOUNT TITLE:

Grant Fund

VOCA

Operating Transfers In

NOT TO EXCEED:

\$367,340.00

ACCOUNT NUMBER:

010 4127 45941

ACCOUNT TITLE:

Grant Fund

VOCA

Increase Revenue

NOT TO EXCEED:

\$584,300.00

Funds sufficient for this appropriation are available from the source indicated below.

ACCOUNT NUMBER:

010 2810

ACCOUNT TITLE:

Grant Fund

Undesignated Fund Balance

NOT TO EXCEED:

11/26/19

\$951,640.00

Date

Chief Administrative Officer



VICTIMS OF CRIME ACT REVISED-AWARD BUDGET FORM

	Name of Organization Jackson County, Prosecutor's Offi		Organization Federal Tax Identification I			Organization Data Universal Numbering System Number (DUN						
	Organization Type (Select all that apply)			Org	anization M	failing Add						
nation	Domestic Violence/Sexual Assault Services and/or Shelter Court Appointed Special Advocates (CASA) Missouri Courts Prosecuting Attorney Victim Advocates All Other Victims of Crime Act (VOCA) Programs Organization Phone Number					The second secon						
Inform	☐ Missouri Courts ☐ Prosecuting Attorney Victim Advocates			City		ZIP Code						
ratton	☐ All Other Victims of Crime A	☐ All Other Victims of Crime Act (VOCA) Programs			inty	ress						
Jrganij	Organization Phone Number	Org		Organiz	ation Fax N	umber	T .					
١	Organization's Commercial And Governm in the system for Award Management (SA				· 🖨	- 0	AGE Code	CAG	E Code Valid Until Date			
	Name of Organization's Contact Person		erson's Email Addre				Contact Perso	on's Phone Num	ber			
Г	FUNDING PERIOD	PER	CENTAGE FOR				TAL FUNDING	GRANTED	PER PERIOD			
			Must equal 10)()%		2017	FY 2018		PERIOD TOTAL			
	NOV 1, 2019 - JUN 30, 2020	_	32.00%			,976.00	5 0.00		\$_186,976.00			
1)	JUL 1, 2020 - JUN 30, 2021 54.96%			\$	0.00	5 321,111.00	\$0.00	\$_321,111.00				
ta.	JUL 1, 2021 - SEP 30, 2021 13.04%					_{\$} 76,213,00	s0.00	ş76,213.00				
1	TOTAL				10 10 2 gC g	(CAPACA)n		5 0.00				
	cost of each project. * Marching requirements a tribes, or projects that operate on tribal lands. * the United States leacept for the Commonweal OVC Director may, at their discretion, waive in particular tribes. * INSTRUCTIONS FOR **TOTAL AWARDED** row fit.* The **TOTAL AWARDED**.	Matching require that Puorto Rico), part or in full the representation of the Matching AM alds, in the white	ments are also auto , or projects that open matching requirement TOUNTS BY BUDG	reate thereing the pursuant the	aveil for sub n. Upon roqu n to 28 (F.R GORIES TAE the amount	9 94 118(b) LE: In this of funding	that are territories of late administering of [4] table find pre-poper you expect to exp	possessions of sency (SAA), the pulated amounts send in each bud	\$ 146,075.00 s in the lget category.			
	Has Organization Requests	d a Match Walv		If Yes, w	hat percent as requeste	af	If Yes, w	hat total dollar of match was ed to be waived				
ries	BUDGET CATEGORY	NOV 1, 2019	- JUN 30, 2020	JUL 1, 2	2020 - JUN	30, 2021	JUL 1, 2021 -	SEP 30, 2021	JOTAL			
et Categories	्रामभङ् जिस्ता (तोलावत	P\$200.		E (0.5		是物		是在周	FUNDING			
	TOTAL AWARDED (Populated from Funding Grented Section)	\$	5_0.00	s_0.00	S_321,111.00	5_0.00	5_76,213,00	s_0.00	\$_ 584,300.00			
y Buc	Personnel		1. 1									
atsh		\$	\$	\$	\$	\$. \$	\$	s0.00			
~ .	Benefits	\$	S	s s	\$ \$	\$ \$	\$ \$	\$\$	s0.00			
Amo				s s	s s	\$\$ \$	\$ \$	\$ \$	0.00			
ding Amo	Benefits	\$		s s s	s s s	\$\$ \$\$	\$	\$	50.00			
Funding Amo	Benefits Travel/Training	\$		ss ss ss	\$ \$ \$ \$	\$\$ \$\$ \$\$	\$	\$	\$0.00 \$0.00			
Funding Amo	Benefits Travel/Training Supplies/Operations	\$ \$		\$ \$ \$ \$	\$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$	\$	\$ \$	5 0.00 S 0.00 S 0.00			
Funding Amounts by Budg	Benefits Travel/Training Supplies/Operations Equipment (Single Item valued 53,000 or above)	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$ \$ \$	\$\$ \$\$ \$\$ \$\$	\$ \$ \$	\$ \$ \$	\$ 0.00 \$ 0.00 \$ 0.00			

VOCA Grant 11/1/19 - 9/30/21

					Funding Source	€	Metch	Add' Funds
	TOTAL	728,053	97,050	126,537	951,640	-584,300	-146,075	-221,265
	Education	4,000			4,000			
	Travel	7,944			7,944			
	Insurance	96,863	12,063	27,146	136,061			
13.96%	Pension	71,085	9,757	11,409	92,251			
7.66%	FICA	38,954	5,347	6,252	60,653			
	Salary	509,207	69,833	81,731	660,831			
		VictimAdvocates	Victim Advocate*	Match (parker)		*new position		

A. Personnel – List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. (Note: Use whole numbers as the percentage of time, an example is

PERSONNEL (FEDERAL)

			Computation	fion		
,			and iso	TOTAL		
Name	Position	Salary	Basis	Percentage of Time	Length of Time	Cost
RETAINED PERSONNEL			Year			***
Mary Brown	V:ctim Advocate	\$37,668.80	Year	00 001		3
Dons Cannon	Lead Victim Advocate/ Volunteer Coordinator	\$46,363.20	Year	100.001	S C	\$75,338
Kyle Evans	Victim Advocate	\$43,492.80	Year	00'001		377,120
Marilyn Layton	Victim Advocate	\$48,089.60	Year	100.001		000,000
Ashley Ropp	Victim Advocate	\$37,148.80	Year	100.001		90° 1°5
Karlie Rose	Victim Advocate	\$37,128.00	Year	100.001		\$74.756
NEW PERSONNET			Year			ON ON
REQUEST			Year			3
TBD	Victim Advocate	\$38,500.80	Year	100.00	C	COO CT2
CBT	Victin Advocate	\$38,500.80	Year	100 001	i c	100,773
CRIT	Victim Advocate	\$38,500.80	Year	00:001		COO 173
			Year			S
					FEDERAL TOTAL	\$730,789

PERSONNEL NARRATIVE (FEDERAL)

Lead Victim Advocate/Volunteer Coordinator provides direct services to crime victims whose cases are prosecuted through the courts in Jackson Courty, recruits and trains volunteers and intems to assist advocates with providing comprehensive services to crime victims, spending 100% of time on the grant.

Victim advocate provides direct services to crime victims whose cases are prosecuted through the courts in Jackson Courty, spending 100% of time on the grant.

\$80,205 Cost Length of Time 8 Percentage of Time Computation Basis Year Year Year MAtch \$40,102.40 Salary Position Victim Advocate PERSONNEL (NON-FEDERAL) Name Elizabeth Parker

PERSONNEL NARRATIVE (NON-FEDERAL)

Victim advocate provides direct services to crime victims whose cases are prosecuted through the courts in Jackson County, spending 100% of time on the grant

\$80,205

NON-FEDERAL TOTAL

TOTAL PERSONNEL

\$810,994

WHE,

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an approved negotiated rate by a Federal agency. If not based on actual known costs or an approved negotiated rate, list the composition of the fringe benefit package. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime bours are limited to FICA, Workman's Compensation and Unsemployment Compensation. (Note: Use decimal numbers for the fringe benefit rates, on example is 7.65% should be shown as .0765) To View an Example. Click Here

FRINGE BENEFITS (FEDERAL)

ale de la constante de la cons		Computation	ation	
	Description	Base	Kate	Cost
				os
RETAINED	RETAINED PERSONNEL			93
Ž.	(Brown,Cannon,Evans,Layton,Ropp,Rose)	\$499.783.00	0.0765	06 838 233
Pension	(Brown,Cannon,Evans,Layton,Ropp,Rose)	\$499.783.00	961 0	מבר 250
Insurance	(Brown,Cannon,Layton,Rose)	V338 400 OC	0.121.0	0.000
Insurance	(Evans,Ropp)	\$161.284.00	0.17149	\$38,049
				101:000
NEW PERS	NEW PERSONNEL REQUEST * Parties			08
FIG	(3 victim advocate positions)	\$231,000,00		80
Pension	(3 victim advocate positions)	\$231,006,00	0.0700	\$17,672
Insurance	(3 victim advacate positions)	\$231,006.00	0.18846	\$57,258
				0\$
				os
			FEDERAL TOTAL	809 (113

FRINGE BENEFITS NARRATIVE (FEDERAL)

FICA = 7.65% of salary \$730,789 x 7.65 = \$55,905.36 Pension = 13.96% of salary \$730,789 x 13.96 = \$102,018.14 Medical Insurance = semi-monthly per employre \$302.33 x 2 x 24 months x 7 employees = \$101,582.88 \$657.29 x 2 x 24 months x 2 employees = \$63,099.84

NATCH

FRINGE BENEFITS (NON-FEDERAL)

Computation Description Base Rate Cost					_
Description Base Rate Cost IT \$80,205.00 0.0765 ker \$80,205.00 0.1396 Ker \$80,205.00 0.39514 NON-FEDERAL TOTAL NON-FEDERAL TOTAL	e	Соприз	tion		
## \$80,205.00 0.0765 0.0765 0.039614 POTAL TOTAL	Description	Base	Rate	Cost	
# \$80,205.00 0.0765 0.0765				08	
\$80,205.00 0.1396 \$80,205.00 0.39514 . NON-FEDERAL TOTAL	arker	\$80,205.00	0.0765	\$6,136	
. S80,205.00 0.39514	ı Parker	\$80,205.00	0.1396	\$11,197	
	eth Parker	\$80,205.00	0.39514	\$31,692	
			N-FEDERAL TOTAL	\$49,023	

FRINGE BENEFITS NARRATIVE (NON-FEDERAL)

FIC.A = 7.65% of salary \$80,205 x 7.65 = \$6,135.68 Pension = 13.96% of salary \$80,205 x 13.96 = \$11,196.62 Medical Insurance = semi-monthly per employee \$560.24 x 2 x 24 months x 1 employee = \$31,691.52 TOTAL FRINGE BENEFITS

\$371,633

Match

C. Travel - Itemize travel expenses of staff personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Describe the purpose of each travel expenditure in reference to the project objectives. Show the basis of computation (e.g., six people to 3-day training at SX airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied Applicant or Federal Travel Regulations. Note: Travel expenses for consultants should be included in the "Contractual/Consultant" category. To View an Example, Click Here

TRAVEL (FEDERAL)

Cost										\$5.972
	Cost	\$1,560.00	\$612.00	8	00.00	\$1,400.00	C400 00	0.0019	CO 000 CJ	\$5,972.00
	Number of Number of People Trips	1	-			,	-		-	
ue	Number of People	4	प			4	ক		ৰ	
Computation	Quantity		3						-	
	Basis for Rate	Night	Day	Mile		\$350.00 Round-trip				
11	Cost Rate	\$130.00	\$51.00			\$350.00	\$100.00		\$500.00	
	Item	Lodging	Meals	Mileage	Transportation:	airfare	Local Travel	Other	registration fee	Subtotal
Location	TBD	(<u>*</u>)				*				
	Victim Advocacy Training									

\$5,972 \$11,944 Cost \$2,000.00 \$5,972.00 \$0.00 \$400.00 \$612.00 \$1,400.00 FEDERAL TOTAL \$1,560.00 Cost Number of Number of People Trips Computation Quantity \$350.00 Round-trip Basis for Rate Night Mile Day \$130,00 \$51.00 \$100.00 \$500.00 Cost Rate Subtotal Mileage Transportation: Local Travel Lodging registration fee Meals Other Item airfare Location IBD TRAVEL (FEDERAL) Purpose of Travel Victim Advocacy Training

TRAVEL NARRATIVE (FEDERAL)

advocates such as the 45th Annual Training hosted by the National Organization for Victim Assistance (NOVA). The dates and location are unknown at this time. Each victim The Jackson County Prosecutor's Office would like to send 4 four (4) victim advocates assigned to the grant to future trainings focusing on trends and best practices for victims' advocate will need registration fees, aufare, lodging, meals and miscellaneous expenses to include shuttles, taxis, tolls and parking. These funds are requested to provide additional training to the victim advocates to better serve victim of Jackson County. ackson County will follow their own written travel policy

Registration @ \$500.00 x 4 victim advocates = \$2,000.00
Airfare - @ \$350.00 round trip x 4 victim advocates = \$1,400.00
Lodging @ \$390.00 (3 night stay) x 4 victim advocates = \$1,560.00
Meals @ \$153.00 (3 days) x 4 victim advocates = \$612.00
Local Other @\$100 (trip) x 4 victim advocates = \$610.00

will need registration fees, airfare, lodging, meals and miscellaneous expenses to include shuttles, taxis, tolls and parking. These funds are requested to provide additional training The Jackson County Prosecutor's Office would like to send 4 four (4) victim advocates assigned to the grant to future trainings focusing on trends and best practices for victims' advocates such as the 31st Annual Colorado Organization for Victim Assistance (COVA) Conference. The dates and location are unknown at this time. Bach victim advocate to the victim advocates to better serve victim of Jackson County. ackson County will follow their own written travel policy.

Registration @ \$500.00 x 4 victim advocates = \$2,000.00

Airfare - @ \$350.00 round trip x 4 victim advocates = \$1,400.00

Lodging @ \$390.00 (3 night stay) x 4 victim advocates = \$1,560.00

Meals @ \$153.00 (3 days) x 4 victim advocates = \$612.00

Local Other @\$100 (trip) x 4 victim advocates = \$400.00

Contract For Services



Missouri Department of Social Services Division of Finance & Administrative Services Procurement Unit P.O. Box 1643

P.O. Box 1643 Jefferson City, MO 65102

Contract #: ER130200053

Title: Victims of Crime Act (VOCA)

Contract Period:

November 1, 2019 through September 30, 2021

The Department of Social Services desires to contract for the services described herein. All terms, conditions, and prices contained herein shall govern the performance of this contract.

Contractor Information:		
Mailing Address: 415 East	County, Prosecutor's Office t 12th Street, 11th Floor City, MO 64106	
Contact Person Name:	Tina Wise	
Contact Person E-Mail Address:	twise@jacksongov.org	
8	,	
of this document and further agree Missouri Department of Social Ser Socia/ Service. The authorized sign	pprovide the services and/or items, at the prices stated, pursuant to the state when this document is countersigned by an authorized official vices, a binding contract shall exist between the subrecipient and the ner of this document certifies that the subrecipient (named below) and 30) are not suspended or debarred by the federal government.	al of the Department of
In witness thereof, the parties	s below hereby execute this agreement.	
* °	· e	
G	Frank White, Jr., County Executive	34
Authorized Signature for the Subrecip	pient: Name and Title:	Date

Exhibit # 1(continued)

Buyer

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C - Affidavit on File - Current Business Entity Status

I certify that Jackson County, Missouri MEETS the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri.

We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

./ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (contract) listing the contractor's name and the contract signature page completed and signed by the contractor and the Department of Homeland Security-Verification Division

./ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months). Name of Missouri State Agency or Public University * to Which Previous E-Verify Documentation Submitted: Missouri Department of Social Services *Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University - St Louis; Missouri Southern State University - Joplin; Missouri Western State University - St Joseph; Northwest Missouri State University - Maryville; Southeast Missouri State University - Cape Girardeau. Date of Previous E-Verify Documentation Submission: 2/21/18 Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: ER130180052 (if known) Authorized Business Entity Representative's Authorized Business Entity Name (Please Print) Representative's Signature c/o rreyes@jacksongov.org 208144 E-Verify contract Company ID Number E-Mail Address Jackson County, Missouri Business Entity Name Date FOR STATE USE ONLY Documentation Verification Completed By:

Date

Exhibit # 2:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

This certification is required by 2 CFR Part 180.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Jackson County, Missouri	073134868
Company Name	DUNS #
	Jackson County Executive .
Authorized Representative's Printed Name	Authorized Representative's Title
Authorized Representative's Signature	Date

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
- 2. The certification in this clause is a material representation of fuct upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
- 3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing 2 CFR Part 180. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
- 6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the <u>List of Parties Excluded from Procurement or Nonproglamment Pror</u>ams.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good fuith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

EXHIBIT #3:

Registration of Business Name (if applicable) with the Missouri Secretary of State:

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

Charter Number (if applicable)

Company Name

If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:

If your business entity is not registered, you may go to the link provided below to register:

www.sos.mo. v /fileonline

If you believe your business entity is exempt from registering with the Secretary of State due to one of the specific exemptions contained in the Missouri Revised Statutes, please indicate in your response the specific exemption that applies to your business entity.

Below are the exemption sections of the Missouri Revised Statutes for the most popular business entity types:

- 1. General Business section 351.572, RSMo, located at: htti://revisor.mo.gov I mai n/O neSection aspx?section=351.572&bid = 18804&h1=
- Limited Liability Company section 347.163.5, RSMo, located at: <a href="http://revisor.mo.gov/main/OneSection.aspx?section=347.163&bid=18500&hl="http://revisor.mo.gov/main/OneSection.aspx?section=347.163&bid=18500&hl="http://revisor.mo.gov/main/OneSection.aspx?section=347.163&bid=18500&hl=
- Limited Partnership section 359.551.5, RSMo, located at: http://revisor.mo.gov/main/OneSection.aspx?section=359.551&bid=19476&hl=
- 4. Non-Profit section 355.751.2, RSMo, located at: http://revisor.mo.gov/main/OneSection.aspx?section=355.751&bid=19289&hl=
- 5. Professional Corporation section 356.231, RSMo, located at:

 http://revisor.mo.gov/main/OneSection.aspx?section=356.231&bid=19340&hl=

Note: Limited Liability Partnerships have no exemptions.

For questions regarding registration, contact the Missouri Secretary of State at: corporations:@sos.mo.go_or (573) 751-4153 (toll free 866-223-6535)

Exhibit #4: Federal Funding Accountability and Transparency Act (FFATA) Data Form

*See instructions for additional information

Legal Business Name of Entity	Jackson County, Missouri				
Doing Business As (if different)					
Street Add ress	415 East 12th Street				
City I Kansas City	MO 64106-2421				
DUNS Number*					
Parent Organization's DUNS Numb	er* 073134868				
Principal Place of Performance*	Jackson County Courthouse, 415 East 12th Street, KCMO 64106-				
Contact Person's Name / Title	Tina Wise, Budget Coordintor				
Contact Person Phone Number	816-881-3116				
Contact Person E-Mail	twise@jacksongov.org				
Executive Compensation Information* *Complete this section if required. See instructions for additional information before completing. List the organization's top five most highly compensated executives for the preceding contractor fiscal year.					
Name Amount					
1.	1,				
2.					
3,1	*				
4.					
5,					
Certification: I attest the facts stated above are true and correct I understand the information provided will be reported by the Department of Social Services to the FFATA Subaward Reporting System (FSRS) and the information will be accessible to the public.					
Authorized Representative's Sign	nature Printed Name				
Jackson County Executive Title	Date				

Instructions for Completine the FFATA Data Form

Zip Code + 4

This is the four digit zip code extension available at http://zip4.usps.com/zip4/welcome.jsp

DUNS Number

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants. See h ttp://fedeov.dnb.com /webform

Parent Oranization's DUNS Number

Complete if applicable. This is typically used by large organizations with multiple facilities in several locations. The parent organization's number is number assigned to the headquarters for the operation.

Principal Place of Performance

Complete if the primary place of performance is different than the address listed above.

Executive Compensation Information

Review thefollowing questions to determine whetheryou are required to report executive compensation information.

- 1. In your preceding completed fiscal year, did your business or organization receive:
 - a. 80 percent or more of its annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act, as defined in 2 CFR 170.320; and
 - b. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act?

OYes XNo

Note: If the answer to either Question Ia or lb is "No'; your organization's compensation information is not required. Do not complete the Executive Compensation Information section of the FFATA Data Form.

Note: If the answer to both la and lb is "Yes'proceed to Question 2.

Does the public have access to the information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S.C. 78M(a), 780(d)] or section 6104 of the Internal Revenue Code of 1986? (To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission's total compensation filings at http://www.sec.gov/qnsw erslexecomp.btm

OYes DNo

Note: If the answer to Question # 2 is "Yes'; your organization's executive compensation information is not required.

Note: If the answer to Question #2 is "No'you are requited to com | 2 lete the Executive Compensation Information section of the FFATA Data Form.

Definitions

"Executive" means officers, managing partners, or any other employees in management positions.

"Total compensation" means the cash and non-cash dollar value earned by the executives during the preceding fiscal year and includes items such as salary, bon uses, stock awards, incentive plans, pension plans, deferred compensation, etc.

Additional information about reporting compensation is available at: https://www.fsrs.gov/documents/OMB Guidance on FEATA Subaward and 8xeq1tive Compensation Reporting 08272010.pdf.